

**STATE OF MAINE**  
**TRANSIENT SELLER OF CONSUMER**  
**MERCHANDISE**

***APPLICATION FOR REGISTRATION***



Department of Professional and Financial Regulation

Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8624

Hearing Impaired – TTY: 1-888-577-6690

Fax: (207) 624-8637

Office located at: 122 Northern Avenue, Gardiner, Maine 04345

Websites

Office of Licensing & Registration: [www.maineprofessionalreg.org](http://www.maineprofessionalreg.org)

Transient Seller of Consumer Merchandise:  
<http://www.state.me.us/pfr/olr/categories/cat23.htm>

August 2, 2005

**APPLICATION INSTRUCTIONS  
TRANSIENT SELLER OF CONSUMER MERCHANDISE  
& EMPLOYEES**

Last Updated: 6/28/05

1. The Transient Seller Company must maintain a current registration as a Transient Seller so long as the Company is transacting business in the State of Maine but has a permanent place of business outside the State of Maine.
2. The Registration Fee for the Transient Seller Company is **\$300**, and the Application Fee is **\$25** (total \$325).
3. It is the responsibility of the Transient Company to register all employees who will be acting on its behalf before such activity can be commenced.
4. The Registration Fee for each employee is **\$75**, and the Application Fee is **\$25** (total \$100).
5. All employees must fill out an SBI Form, pay **\$15** for the criminal record check, and submit it to the Office with the application.
6. All checks should be made payable to "Treasurer, State of Maine."
7. All advertisements shall contain the Company's Maine registration number, the Company name, and its permanent place of business.
8. For every sale made in the State of Maine, the Seller shall provide a written receipt at the time of sale. On the receipt, the Transient Seller Company shall disclose its registration number, name, and permanent place of business.
9. The applicant must indicate on the application form the type of merchandise/services to be sold to consumers.
10. An original surety bond with a limit of at least \$10,000 and an expiration date no earlier than April 30th must be submitted.

If you have any questions, please contact Marlene M. McFadden at (207) 624-8624 or e-mail [marlene.m.mcfadden@Maine.gov](mailto:marlene.m.mcfadden@Maine.gov) or Donna C. Sproul at (207) 624-8611 or e-mail [donna.c.sproul@Maine.gov](mailto:donna.c.sproul@Maine.gov).

Please send the completed application along with the above requirements to:

Department of Professional and Financial Regulation  
Office of Licensing and Registration  
TRANSIENT SALES  
35 State House Station  
Augusta, ME 04333-0035



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
TRANSIENT SELLER OF CONSUMER MERCHANDISE  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

**COMPANY APPLICATION FOR REGISTRATION AS A  
TRANSIENT SELLER OF CONSUMER MERCHANDISE**

**Notice regarding Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

<b>Application Fee:</b>	<b>\$25 (1446)</b>
<b>Registration Fee:</b>	<b>\$300 (1421)</b>
<b>TOTAL AMOUNT DUE:</b>	<b>\$325</b>

**Company Name:** \_\_\_\_\_

***Mailing Address***

**Street or P. O. Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**County:** \_\_\_\_\_ **Telephone #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**E-mail address (if available):** \_\_\_\_\_

**Anticipated yearly gross revenues from sales in Maine:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_ **Maine Sales Tax #:** \_\_\_\_\_

***Location of Business in Maine***

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**County:** \_\_\_\_\_ **Owner of Company:** \_\_\_\_\_

**Product(s)\* to be sold:** \_\_\_\_\_

\* NOTICE REGARDING FINANCIAL PRODUCTS

Your Transient Seller registration does not permit you to sell products for which product-specific licensure, registration or certification is required. If your product is a financial service (e.g., credit cards, credit monitoring service, student loan consolidation, debt management service, offer of insurance, investments, financial advice), then please contact the appropriate agency of the Maine Department of Professional & Financial Regulation for additional information:

- Office of Consumer Credit Regulation  
Website: [http://www.state.me.us/pfr/ccp/ccp\\_index.htm](http://www.state.me.us/pfr/ccp/ccp_index.htm)
- Bureau of Financial Institutions  
Website: [http://www.state.me.us/pfr/bkg/bkg\\_index.htm](http://www.state.me.us/pfr/bkg/bkg_index.htm)
- Bureau of Insurance  
Website: [http://www.state.me.us/pfr/ins/ins\\_index.htm](http://www.state.me.us/pfr/ins/ins_index.htm)
- Office of Securities  
Website: [http://www.state.me.us/pfr/sec/sec\\_index.htm](http://www.state.me.us/pfr/sec/sec_index.htm)

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**1. Indicate the type of solicitation activity your organization will be conducting:**

- ☐ **Personal contact**      ☐ **Telephone contact**      ☐ **Roadside contact**  
☐ **Mail contact**      **Describe mail contact:** \_\_\_\_\_
- 
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**2. Submit with the application any statement(s) of any/all judgment(s) secured or outstanding, arising out of sales to consumers during the two years prior to the date of this application. Also submit any statement(s) listing any/all suits of either a criminal or civil nature pending against the applicant, which arise out of sales to consumers.**

**3. List the Names of all persons you will employ to work in this State. You may use a separate sheet if necessary.**

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By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorized all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to me.

I, the undersigned, am familiar with the requirements of Maine registration for Transient Sellers of Consumer Merchandise, specifically, I understand that:

- I must promptly notify the Department of Professional and Financial Regulations of all changes in the above information, including address and employee changes.
- All advertisements shall contain the company's Maine registration number and shall disclose the transient seller's permanent place of business.
- The seller shall for each sale in the State of Maine, provide the purchaser with a written receipt at the time of sale. On this receipt, the Transient Seller shall disclose their registration number, name, and permanent place of business.

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_____	____/____/____
Signature	Date

\_\_\_\_\_  
Name and Title (Please Print or Type)



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
TRANSIENT SELLER OF CONSUMER MERCHANDISE  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

**EMPLOYEE REGISTRATION FOR TRANSIENT SELLER OF CONSUMER MERCHANDISE**

**Notice regarding Social Security Number Disclosure**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

**Notice regarding Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

**Application Fee: \$25 (1446)**  
**Registration Fee: \$75 (1422 - New /1428 - Renewal)**  
**TOTAL AMOUNT DUE: \$100**

**Employee's Name:** \_\_\_\_\_

**Mailing Address --**

**Street or P. O. Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**County:** \_\_\_\_\_ **Telephone #:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail address (if available):** \_\_\_\_\_ @ \_\_\_\_\_

**SSN #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Transient Company Employed by in Maine:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**County:** \_\_\_\_\_ **Company Registration #** \_\_\_\_\_

**Owner of Company:** \_\_\_\_\_ **Telephone #:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail address (if available):** \_\_\_\_\_ @ \_\_\_\_\_

1. Have you ever been convicted of a crime? ☐ Yes ☐ No

If you answered "Yes," then please submit a copy of the court judgment(s), as well as a letter explaining the circumstances surrounding your conviction(s).

2. Has any jurisdiction taken disciplinary action against any registration or professional license that you held there or denied your application for licensure or registration? ☐ Yes ☐ No

If you answered "Yes," then please list, on a separate sheet of paper, the date(s) of suspension or revocation, the type of license, registration, or certification involved, and the state(s) in which it occurred.

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I, the Authorized Agent of the above stated Transient Seller of Consumer Merchandise, am familiar with the requirements of Maine registration, including the following:

1. The Transient Seller Company must maintain a current registration so long as the Company is transacting business in the State of Maine, but its permanent place of business is elsewhere.
2. It is the responsibility of the Transient Company to register all employees who will be acting on its behalf, before such activity can commence.
3. All advertisements shall contain the Company's name, Maine registration number, and the location of its permanent place of business.
4. The seller shall, for each sale made in the State of Maine, provide a written receipt at the time of sale. On the receipt, the Transient Seller Company shall disclose its registration number, name, and permanent place of business.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorized all law enforcement agencies and officials thereof to release to the Department any and all criminal history record information pertaining to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name of Applicant

\_\_\_\_\_  
Signature of Authorized Agent of Company

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name of Authorized Agent



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
TRANSIENT SELLERS OF CONSUMER MERCHANDISE  
35 STATE HOUSE STATION  
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04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

**SURETY BOND OF  
TRANSIENT SELLER OF CONSUMER MERCHANDISE**

**BOND EXPIRATION DATE:** APRIL 30, 20\_\_\_\_\_

**BOND NUMBER #:** \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS that \_\_\_\_\_  
(Name of Applicant)

of \_\_\_\_\_ as principal, and \_\_\_\_\_  
(Address) (Name of Surety)

of \_\_\_\_\_  
(Address)

as surety, are held and firmly bound unto the State of Maine, as Obligee, in the sum of **Ten Thousand Dollars (\$10,000)**, to the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally.

The condition of this obligation is that if the Applicant registers as a transient seller of consumer merchandise, as described in Title 32, Chapter 69-A of the Maine Revised Statutes; complies with all requirements of Title 32, Chapter 128, §14708, subsection 3; and makes full accounting and payment of all funds coming into the Applicant's possession while acting in said capacity to all persons entitled thereto; this obligation is void. Otherwise, this obligation remains in full force and effect.

This bond remains in force until the State of Maine releases the Surety from liability or until the Surety cancels the bond. The Surety may only cancel the bond upon giving 30 days advance written notice to the State of Maine and the Applicant. Any such cancellation shall be prospective only and shall not defeat the Surety's obligation to make payment for any breach of the condition of this obligation that occurs or has occurred prior to expiration of the 30-day notice period set forth in this paragraph.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Witnessed by:

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(Signature of Applicant)

Printed name of witness:

\_\_\_\_\_  
(Surety)

SEAL

By: \_\_\_\_\_  
(Signature of authorized representative of surety)

Printed name of representative: \_\_\_\_\_



PRINTED ON RECYCLED PAPER  
HEARING-IMPAIRED: TTY 1-888-577-6690  
OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE

PHONE: (207) 624- 8624

FAX: (207)624-8637





STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
TRANSIENT SELLER OF CONSUMER MERCHANDISE  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

TO: PROSPECTIVE APPLICANT  
FROM: OFFICE OF LICENSING & REGISTRATION  
RE: CRIMINAL RECORDS CHECK

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Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history record check as part of the application process for all applicants.

**CRIMINAL HISTORY RECORDS CHECK PROCEDURE**

Please complete the applicant information section and return it to the Office of Licensing & Registration with your completed application and supporting documentation, as may be necessary.

You must provide payment in the amount of \$15, to the "Maine State Treasurer" for your criminal history record check, in addition to the licensing fees presently required. Please note that the criminal history record will be returned to this office, and not to the applicant.

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Please contact the Clerk at the number below if you have questions or need assistance.

**Marlene McFadden**  
**(207) 624-8624**



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**CRIMINAL HISTORY RECORD CHECK FEE: \$15**  
**Make checks payable to: "Treasurer, State of Maine"**  
**Submit this Application with the Registration Application**

***APPLICANT INFORMATION***

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Social Security/Federal I.D. #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Any other names used: \_\_\_\_\_

Please return the criminal history record information or a notice of no record to the following:

***REQUESTING AGENCY INFORMATION***

**(Office Use Only)**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact Person: MARLENE MCFADDEN  
Agency Name & Address: Office of Licensing and Registration  
TRANSIENT SALES  
35 State House Station  
Augusta, Maine 04333-0035



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(Office Phone)

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GARDINER, MAINE



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**AUTHORIZATION OF CREDIT CARD PAYMENT**

**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and submit it with your application. Payment through credit cards will not be processed without this authorization form.**

<b>Name (of applicant for whom fees are being paid):</b>		
<b>Mailing Address (of applicant for whom fees are being paid)</b> <b>Street or P. O. Box:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #: (____) _____ - _____</b>	
<b>Name of cardholder (if other than that of applicant):</b>		
<b>Mailing Address (if other than that of applicant):</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:**

☐ Visa ☐ MasterCard \_\_\_\_\_

**Card number**

**Expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **in the amount of: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



PHONE: (207)624-8624

FAX: (207)624-8637

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